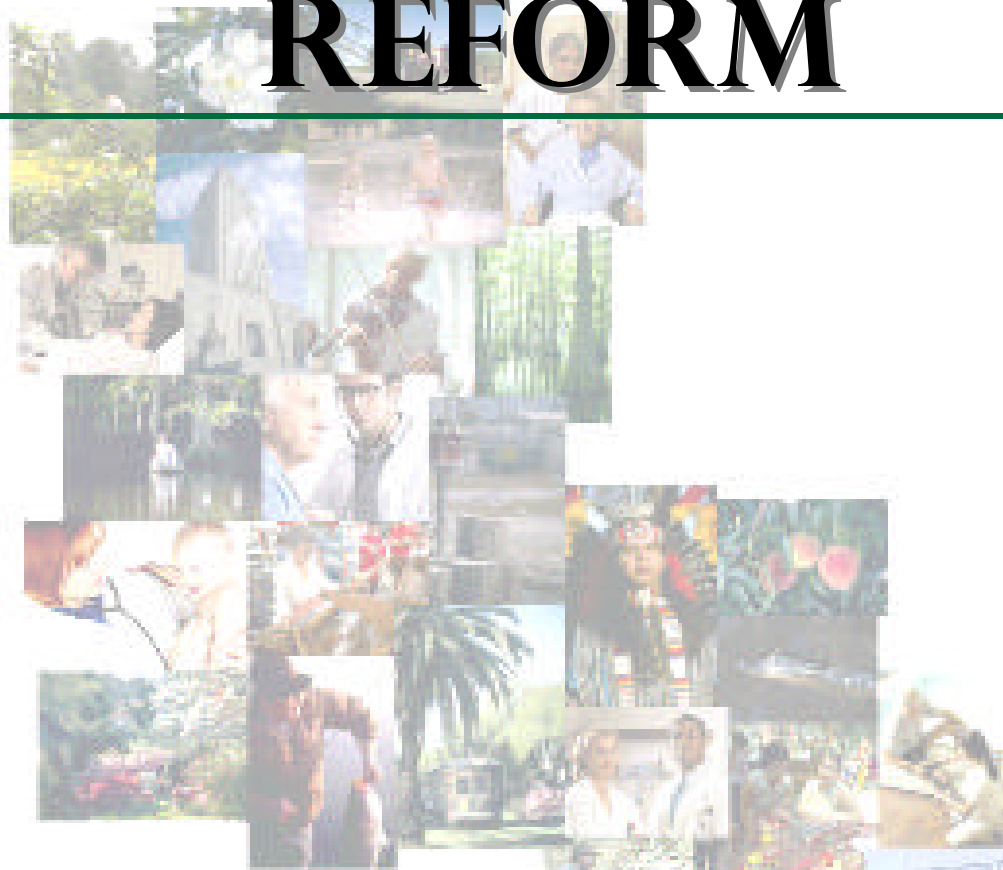


# RESPONDING TO REFORM

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LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS  
BUREAU OF PRIMARY CARE AND RURAL HEALTH  
**2004 ANNUAL REPORT**

## RESPONDING TO REFORM: A Note from the Director

Soon after taking office, Governor Kathleen Babineaux Blanco challenged the citizens of Louisiana to come together and assist in improving our state's health care system. The process that led to the formation of the Governor's Health Care Reform Panel was inaugurated in February 2004, when Governor Blanco convened regional health care summits in order to assess critical health care needs. In March 2004, Louisiana's first statewide Health Care Summit was convened. In order to maintain the momentum for reform that was created through these health care reform efforts, Governor Blanco created the Governor's Health Care Reform Panel, a group of national health care experts, state legislative and government leaders, business leaders and representatives from each of the state's nine health care regions. The Governor's Health Care Reform Panel has been charged with studying the state of health care in Louisiana and making recommendations for change.

The Governor's reform efforts have been a catalyst for change for many health care agencies and communities across the state. Due to the leadership and guidance of the Department of Health and Hospitals' (DHH) Secretary, Fredrick P. Cerise, M.D., M.P.H., the Bureau of Primary Care and Rural Health (Bureau) has been able to respond to the charges and calls to action issued through the Governor's health care reform efforts. As a result, we have been able to play a substantial role in responding to the health care needs of our citizens in the areas of access to primary and preventive health care services, recruitment and retention of primary health care providers, developing technology for health care providers, integration of primary and behavioral health care services and small rural hospital development.

The 2004 Annual Report outlines our activities and accomplishments within these areas. The Bureau's staff has worked extremely hard to serve the health care needs of Louisiana's communities and to make strides at significantly improving access to critically needed health care services across the state. This work is only possible through the strong partnerships we have with many other health care organizations across the state and through our funders, which we recognize within this report. I would like to thank Governor Blanco and Secretary Cerise for their leadership in health care reform, and I look forward to the improvements in Louisiana's health care system as a result of all our collective efforts.

Kristy H. Nichols, M.S., Director

### A SPECIAL THANKS TO OUR STATE PARTNERS:

Louisiana Primary Care Association

Louisiana Rural Health Association

Louisiana Area Health Education  
Centers

Louisiana Hospital Association

Louisiana Rural Health Access  
Program

Louisiana Public Health Institute

LSU Health Sciences Center

Rural Hospital Coalition

The Rapides Foundation

## MAJOR ACCOMPLISHMENTS

### IMPROVED PRIMARY CARE ACCESS

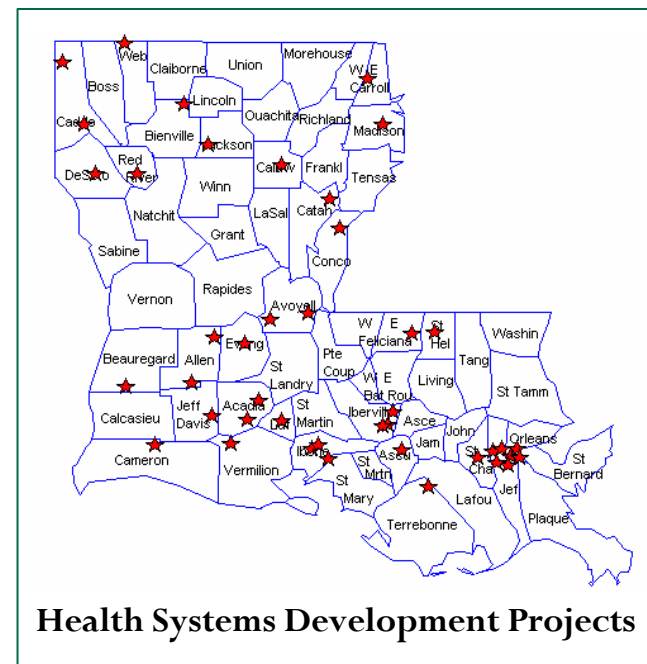
#### Health Systems Development Program

In Spring 2004, the Bureau began providing health systems development services to health care facilities, organizations and providers across the state for the purpose of expanding or sustaining access to primary and preventive health care services. Community development, practice management and resource development services are offered at no charge to communities in health professional shortage areas.

**Community Development** — To create the community support necessary for the success of any health care project, the Bureau employs two health systems developers, who offer services such as small and large group facilitation, needs assessments, strategic planning, economic impact studies, enhanced demographics scans and mapping services. In 2004, 42 organizations and providers from around the state submitted 45 projects to the health system development staff. During this first year, 25 of those 45 projects were successfully completed, including the development of nine new primary care access points, the expansion of existing primary care services in 10 communities and aiding communities in securing over \$850,000 in grant monies to support project implementation. The health systems development staff began 2005 continuing to work on the remaining projects as well as accepting new requests.

**Practice Management** — In order to promote better financial performance, enhanced quality of care and better patient health outcomes of primary health care providers in rural and medically underserved areas, the Bureau offers the services of a qualified practice management consultant who assesses everyday operations and makes recommendations for changing systems' inefficiencies. Practice management services include market analyses, feasibility studies, patient flow analysis, medical records review, Medicaid and insurance billing technical assistance and medical coding training. In 2004, the Bureau provided comprehensive practice management services worth an estimated \$1.7 million to 20 clinics, physician practices, federally qualified health centers (FQHCs) and rural health clinics (RHCs) in rural and underserved areas. The sites received support in areas such as billing assessments, operations assessments, staffing, training, accounting practices and rural health clinic conversion. The Bureau also held or co-sponsored seven practice management workshops. More than 200 participants attended workshops that addressed billing and reimbursement for RHCs and general practice management techniques.

**Resource Development** — The Bureau supports communities in their efforts to secure additional grant resources through grant writing workshops, grant writing consultations and announcements of available grant opportunities. More than 150 participants attended two grant writing workshops hosted or co-sponsored by the Bureau. These workshops focused primarily on the federal Health Resources and Services Administration's Network Development Grant Program, Network Development Planning Grant Program, Rural Health Outreach Grant Program and the FQHC Program. In 2004, the Health Resources and Services Administration awarded Louisiana com-



munities more than \$842,278 in network and outreach services grant monies. The Bureau's resource development services also include maintaining an up-to-date, online, searchable Grants Clearinghouse of all health-related grants and technical assistance and loan opportunities available in Louisiana.

"It is my hope that Health Systems Development for Central Louisiana and the services developed over the next three years will serve as a model for reforming the state's primary health care delivery system as called for by Gov. Blanco."

—DHH Secretary  
Dr. Fred Cerise

In addition to the accomplishments of the Health Systems Development program in its first year, the Bureau has already moved into the next phase of the program. Shortly after launching the Health Systems Development Program at the end of 2003, the Bureau began developing, through a partnership with The Rapides Foundation in Alexandria, Louisiana, a new program called Health Systems Development for Central Louisiana. In its preliminary stages, Health Systems Development for Central Louisiana is an exciting opportunity to expand primary health care services for underserved Louisiana residents.

**Health Systems Development for Central Louisiana** — In 2004, the Bureau applied to The Rapides Foundation and was awarded \$750,000 in grant funds to begin Health Systems Development for Central Louisiana. The new program is aimed at increasing access to primary health care services, the number of primary care health professionals and the number of patients served in the parishes of Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon and Winn over the next three years. As a result, an estimated 30,000 underserved residents in The Rapides Foundation's nine-parish service area will have access to health care through new primary care delivery sites.

**Community-based and Rural Health Program** — The Community-based and Rural Health Program, a grant program administered by the Bureau, was reinstated in 2002 by the Louisiana State Legislature. The program provides financial assistance to rural and underserved areas to maintain, enhance or expand access to community-based primary and preventive health care services. The \$1 million program was funded through an appropriation from the Louisiana State Legislature in

the 2004 session. In July 2004, 39 public and nonprofit health care organizations located in rural areas, health professional shortage areas or underserved areas identified through legislation applied. The Bureau awarded grants to 16 communities ranging from \$18,900-\$100,000 for FQHC developmental activities, RHC development, dental and mental health service expansions, prescription medication assistance programs, a mobile health unit, a diabetic eye screening program, an electronic medical records system, health and wellness management software and telemedicine and telehealth equipment.

### Statewide Transportation Taskforce

After the Health Summit, the Bureau was charged with convening a multi-agency task force to address health care-related transportation needs in rural and underserved areas. The Bureau concentrated efforts on assessing community-based transportation resources. The 30-member transportation task force includes rural communities and statewide agencies. The task force has worked to conduct a statewide community-based transportation assessment, recruited multiple agencies and communities, secured technical assistance from Community Transportation Association of America and integrated efforts with a similar project based out of the Governor's Office. As a result, the transportation task force has funding to conduct a statewide planning process and draft a state plan for community-based transportation services in underserved communities.

### Act 36 — Appropriate Development of Federally Qualified Health Centers and Rural Health Clinics

Act 36 was enacted in the 2004 Regular Louisiana Legislative Session to promote the appropriate development of FQHCs and RHCs to provide primary health care services for the uninsured and underinsured in Louisiana's medically underserved and health professional shortage areas. As a result, the Bureau, the Louisiana Primary Care Association, the Louisiana Rural Hospital Coalition, the Louisiana Rural Health

Association, the Louisiana Public Health Institute and other health care representatives were charged with developing a plan for the expansion of FQHCs and RHCs in Louisiana. The plan defines the FQHC and RHC primary care delivery models, describes the state's current primary care service needs, the current FQHC and RHC expansion environment and identifies recommendations to alleviate current barriers to expanding FQHCs and RHCs. This plan, presented to the House and Senate Health and Welfare Committees, will guide the development of FQHCs and RHCs in Louisiana and will be the basis for the work of the organizations involved in the coming years.

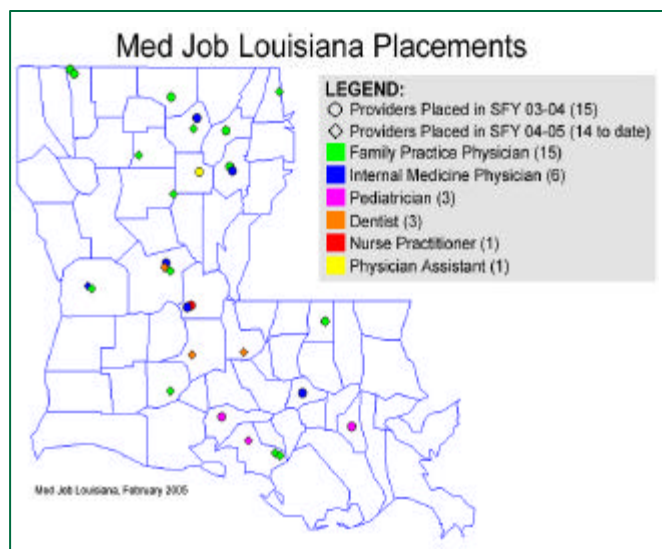
**Rural Health Clinics** — In 2004, the Bureau certified eligibility for 25 RHCs, for a total of 64 RHCs operating in Louisiana. The Bureau also hosted the Rural Health Clinic Spring Education Event: Rural Health Clinic Rules, Regulations and Resources with the Louisiana Rural Health Association in April 2004 to provide up-to-date information regarding implementation of the new rural health clinic rule, new skills to help improve a clinic's performance and tools to implement quality improvement. Approximately 65 participants attended presentations by representatives from the U.S. Centers for Medicare and Medicaid Services, Louisiana HealthCare Review and Trailblazers.

**Federally Qualified Health Centers** — FQHCs are federally designated by the Health Resources and Services Administration's Bureau of Primary Health Care and receive enhanced Medicare and Medicaid reimbursement and federal grant funding to support the care of the uninsured. In the past year, through work on the part of the Bureau and the Louisiana Primary Care Association, nine FQHC designations were awarded in Louisiana. As a result, eight new FQHCs have opened in both rural and urban locations. The eight new FQHC sites are located in downtown Baton Rouge, North Baton Rouge, Minden, Haynesville, Zachary, Kentwood, New Orleans and Abbeville. One existing FQHC site in New Orleans received funding to offer mental health services on-site. There are now 39 FQHCs open throughout Louisiana. The Bureau and the Louisiana Primary Care Association supported 13 Louisiana applicants in submitting FQHC grant applications to the federal Bureau of Primary Health Care in the December 2004 application cycle. Eight of these applicants applied for and were awarded grant funding from the Community-based and Rural Health Program to develop competitive applications.

“Health care centers are important to Louisiana because they strengthen a community's ability to effectively provide quality, comprehensive health care services locally.”

—Governor Kathleen Babineaux Blanco

## PRIMARY CARE PROVIDER RECRUITMENT AND RETENTION



### Med Job Louisiana

Med Job Louisiana, a statewide partnership of the Bureau, the Louisiana Area Health Education Centers and the Louisiana Rural Health Access Program, provides free professional recruitment services to entities in rural and underserved areas. The program was funded by an appropriation from the Louisiana State Legislature in 2004. With two recruiters, Med Job Louisiana is responsible for placing 22 primary care providers including 12 family practitioners, five internal medicine physicians, one pediatrician, two dentists, one physician assistant and one nurse practitioner. Throughout the year, Med Job Louisiana has held six recruitment events with the state's primary care residency programs in Shreveport, Alexandria, New Orleans, Monroe, Lake Charles and Lafayette. Med Job Louisiana recruiters have given four presentations at state meetings, conferences and residency programs. Med Job Louisiana's largest recruitment event of the year was the annual Medical Job Fair of Louisiana.

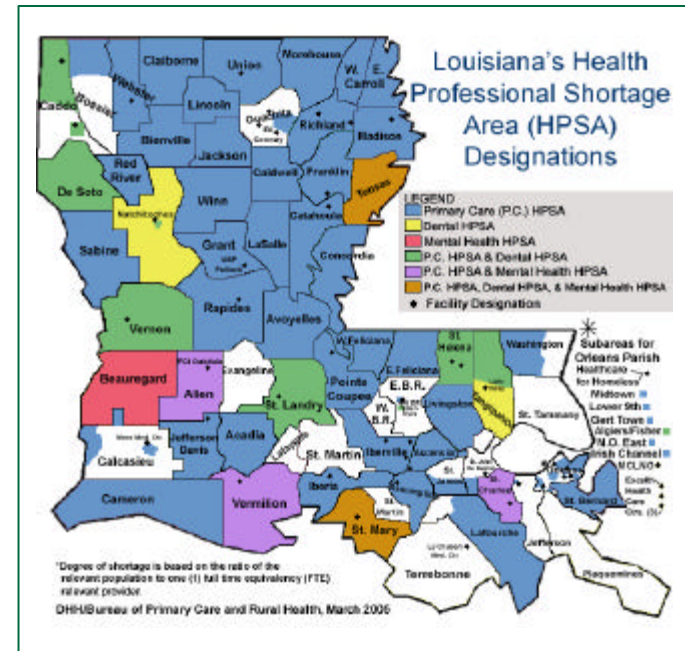
Since 1995, the Bureau has contracted with Southwest Louisiana Area Health Education Center to coordinate Medical Job Fair of Louisiana, a free provider recruitment fair. In 2004, as a result of some changes to the fair's structure and more involvement from the state residency programs, 32 hospitals, clinics, practice groups and communities located in rural and underserved areas exhibited at the fair. Approximately 95 medical participants attended the fair and educational workshops. Practice management and recruitment and retention workshops were offered for all interested residents and providers in attendance. Information about Medical Job Fair of Louisiana is available at [www.medicaljobfair.org](http://www.medicaljobfair.org).

Identifying health professional shortage areas is one of the Bureau's top priorities. The Bureau's Health Professional Shortage Area Designation Specialist researches and reviews eligible areas throughout the state and recommends designations to the federal Shortage Designation Branch. In 2004, the Bureau reviewed 49 areas in Louisiana. Eleven requests for primary care health professional shortage areas, four requests for dental health professional shortage areas and six requests for mental health professional shortage areas were submitted. Also this year, 19 requests, submitted in 2003 and 2004, have been approved by the federal Shortage Designation Branch. All other requests are pending approval. Health professional shortage area designations determine a community's eligibility for the J-1 Visa Waiver Program, the State Loan Repayment Program, National Health Service Corps and Med Job Louisiana in addition to approximately 40 other federal and state programs.

The J-1 Visa Waiver Program is a tool for recruiting primary care physicians and limited needed specialty care physicians. In exchange for serving in an underserved area, the program waives the requirement for J-1 visa holders to return to their home country for two years before applying for a work visa or permanent residence. The Bureau processed 13 requests for J-1 visa waivers in state fiscal year 2003-2004. After meeting in December 2004 with program stakeholders, proposed changes have been implemented that are designed to maximize the impact of the J-1 Visa Waiver Program to the state's medically underserved areas.

Through the State Loan Repayment Program, practitioners recruited to difficult-to-fill underserved areas can receive \$5,000-\$30,000 per year in loan repayment funds for educational debt in exchange for a one- to three-year practice commitment. Twenty-nine physicians and mid-level providers received state loan repayment funds in 2004. These providers currently are serving in communities with health professional shortages.

The State Nursing Loan Repayment Program was offered for the first time in 2004. Nine nurses applied for the program and received loan repayment funds. Each applicant was eligible to receive up to \$7,500 in exchange for two years of service in a rural health professional shortage area, an FQHC or an RHC.





### **National Health Service Corps**

The National Health Service Corps loan repayment and scholarship programs are designed to aid communities in their efforts to recruit and retain primary care, dental and mental health professionals. In 2004, 35 sites were approved for National Health Service Corps. Seven health care providers were approved for either National Health Service Corps scholarship or loan repayment funds. Currently, there are 18 National Health Service Corps loan repayors practicing in Louisiana and 15 scholars in training programs in Louisiana.

In Summer 2004, the Bureau began an initiative to increase Louisiana's use of the monies and incentives provided by the federal government through the National Health Service Corps as a recruitment and retention tool. In a pilot project, five Louisiana communities were selected to work with a consultant to develop community site profiles to attract health professionals to underserved areas. In addition, the Bureau held a National Health Service Corps Enrollment Fair to provide training and technical assistance for communities and practitioners. Approximately 50 communities and primary care practitioners attended to learn about the benefits of the National Health Service Corps and how to enroll. Bureau staff members were on hand to review site and provider application guidelines.

### **Louisiana Interagency Taskforce on the Future of Family Medicine**

Act 187 of the 2004 Louisiana State Legislative Session charged DHH and the Bureau with convening the Louisiana Interagency Task Force on the Future of Family Medicine. The task force membership includes DHH, the Louisiana Academy of Family Physicians, the Louisiana Hospital Association, the Louisiana Area Health Education Centers, the Louisiana Primary Care Association, the Louisiana Association of Nurse Practitioners, Louisiana medical schools and residency programs and the Health Works Commission. The task force members have identified pre-admissions recruitment, admissions policies, financial incentives for students and practitioners, data collection, marketing, economic development, provision for rural health, political strategies, residency issues, malpractice issues and medical school curriculum policies as areas of focus. The task force will continue to study and develop strategies to eliminate the significant primary health care shortage in rural and urban underserved areas through 2006.

## **TECHNOLOGY**

### **Electronic Medical Records Grant**

The Louisiana Rural Health Information Technology Partnership received a \$1.1 million grant from the Department of Health and Human Services' Agency for Health Care Research and Quality in October 2004. The grant provides funds to implement electronic medical record systems in the emergency departments of 10 small rural hospitals in an effort to improve patient safety and quality of care, ensuring accurate and timely information sharing of common patients and stronger local referral patterns. The partnership is made up of the Bureau, the Louisiana Hospital Association, the Rural Hospital Coalition, the Louisiana Rural Health Association, the Louisiana Health Care Review, Assumption Community Hospital and nine additional small rural hospitals.

“The Governor has called for reform to improve quality of care through focusing on performance outcomes, provider accountability, use of best practices and standardization of treatment protocols. With this federal grant, we will see improved quality and outcomes for patients in Louisiana.”

—DHH Secretary Dr. Fred Cerise

## **SERVICE INTEGRATION**

**Louisiana Leadership Team** — In June 2004, the Health Resources and Services Administration and the Substance Abuse and Mental Health Services Administration hosted the Closing the Gap on Access and Integration: Primary and Behavioral Healthcare Summit in New Orleans. The goal of the summit was to assist participating states in developing action plans for integrating primary and behavioral health care services. As a result, the Louisiana Leadership Team was formed to identify statewide needs and opportunities for primary and behavioral

health care service integration. The leadership team includes DHH, the Governor's Office, regional health care districts, FQHCs, the Louisiana Primary Care Association and local grassroots organizations. Through several statewide planning sessions that have included over 200 participants, the Louisiana Leadership Team has identified many integration strategies that involve addressing issues related to systems capacity and complexity, financial payments and policies, provider workforce and provider education. The leadership team will work with DHH, regional health districts and regional consortia to implement these strategies in the upcoming years.

## **SMALL RURAL HOSPITAL SUPPORT**

### **Small Rural Hospital Performance Improvement Grant Program**

The Bureau administers the Small Rural Hospital Improvement Grant Program, a federally funded program to assist small rural hospitals to cover the costs related to implementing prospective payment systems, comply with provisions of the Health Insurance Portability and Accountability Act of 1996, reduce medical errors and support quality improvement. In 2004, each of Louisiana's 31 small rural hospitals received \$9,728 to pay for such expenses as computer hardware and software, staff education and training, consulting and legal fees, equipment and renovations. All hospitals with 49 available beds or less, located outside a Metropolitan Statistical Area or located in a rural census tract of a Metropolitan Statistical Area, qualify for the program.

### **Critical Access Hospitals**

In 2004, 12 additional small rural hospitals converted to critical access hospital status, which allows them to receive enhanced reimbursement. There now are a total of 23 critical access hospitals in Louisiana. The Bureau provides performance improvement planning and technical assistance for critical access and small rural hospitals with the goal of achieving optimum performance in hospitals through improved viability, sustainability and community connectivity. The Bureau has provided technical support to 19 rural hospitals in conversion or exploring conversion on an ongoing basis. In 2004, 13 hospitals considering critical access hospital conversion received grants for feasibility studies.

With the addition of a critical access hospital network coordinator, the Bureau expanded critical access hospital and community collaboration activities. The Bureau was chosen to participate in a federally supported critical access hospital and FQHC collaboration project, which included the participation of three communities. A Web-based quality and performance improvement project went live, with several measures specific to the improvement of operations and patient safety outcomes. Additionally, technical support was available through educational workshops on interim cost reporting, performance improvement successes, comprehensive performance improvement assessments and strategic planning.

## **INFORMATION AND RESOURCES**

### **Web site**

In March 2004, DHH launched a new Web site format departmentwide. The new format allowed the Bureau to better organize and present important information to Louisiana's communities. The Bureau's Web site experienced a second major change at the end of 2004 when the Web address was changed to [www.pcrh.dhh.louisiana.gov](http://www.pcrh.dhh.louisiana.gov). This new domain name will make it easier for users to access the Web site's data and maps, policy information, program descriptions, news releases and announcements. Visit the Web site at [www.pcrh.dhh.louisiana.gov](http://www.pcrh.dhh.louisiana.gov).

### **Newsletter**

The first Bureau newsletter was issued in January 2003 as a way to update and inform partners, legislators and rural communities about the Bureau's progress in regard to the strategic plan. Each month the newsletter is mailed as an insert in the Louisiana Rural Health Association's newsletter. It contains program updates, grant opportunities, event announcements and policy issues. To be added to the newsletter mailing list, please send a request to [rrepp@dhh.la.gov](mailto:rrepp@dhh.la.gov). Each month the newsletters are posted at [www.pcrh.dhh.louisiana.gov](http://www.pcrh.dhh.louisiana.gov).



## ABOUT THE BUREAU

### MISSION

The Bureau's mission is to improve the health status of Louisiana residents in rural and underserved areas by working proactively to build community health systems' capacity to provide integrated, efficient and effective health care services.

- Integrating local health care services
- Developing strong community partnerships
- Building local health care resources
- Supporting effective clinical practices and health care organizations
- Reducing health disparities
- Recruiting and retaining primary health care providers
- Promoting relevant state and national health policy
- Providing valuable health information

### STAFF

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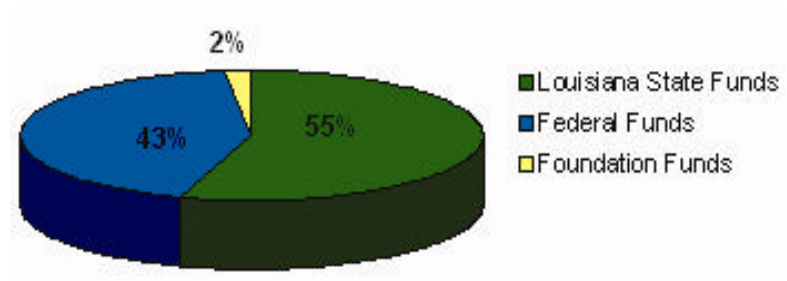
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### FUNDING

- Louisiana Department of Health and Hospitals
- U.S. Department of Health and Human Services' Health Resources and Services Administration's Bureau of Health Professions, Bureau of Primary Care and Office of Rural Health Policy
- Robert Wood Johnson Foundation





Louisiana Department of Health and Hospitals

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